

BOULDER HOUSING COALITION
Verification of Employment

Employee Name: _____ Occupation: _____
Employer Name & Address: _____
Employer Phone: (____) _____ Email: _____
Dates of Employment: From: _____ To: _____
Current Salary: \$ _____ Last Increase: _____
Base pay Rate: \$ _____/Hour; \$ _____/Week; or \$ _____/Month
Average hours/week at base pay rate: _____ hours
No. weeks _____ or, No. weeks _____ worked/Year. Overtime pay rate: \$ _____/hour
Expected average hours of overtime worked per week during next 12 months _____.
Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For _____ \$ _____ per _____
Is pay received for vacation? ___yes ___no. If yes, number of days per year: _____

AUTHORIZATION

Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME program that we operate and to reexamine this income annually. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE

I hereby authorize the release of the above requested information.

Signature of Employee/Applicant _____
Date

Signature of Employer Representative _____
Date

Printed Name of Employer Representative

Title of Employer Representative (____) _____
Phone # of Employer Representative

When completed, please return this form via email to: lincoln@boulderhousingcoalition.org, via fax to: (303) 558-4123, or by US Mail to: BHC, 744 Marine St., Boulder, CO 80302.

WARNING: Title 18 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.